00827

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

Reg. Dist. No. 5

1. PLACE OF DEATH:
County: Calvert
City or town: Huntingtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Calvert
City or town: Huntingtown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Annie Gertrude Bowen Crawford

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	X

6.(b) Name of husband or wife: John L Crawford
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): [illegible] 1870

8. AGE: Years	Months	Days	If less than one day
77	2		hrs. min.

9. Birthplace: Parran (Town, county, and state)
10. Usual occupation: home wife
11. Industry or business

FATHER
12. Name: Agatus Bowen
13. Birthplace: Parran

MOTHER
14. Maiden name: Gibson
15. Birthplace: Parran

16. Informant: Grace Gibson
Address: Huntingtown

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 4 19 47 (month) (day) (year)
Cemetery or crematory: Calvary
Location: Huntingtown, Md.
18. Funeral director: W. H. Hutchins
Address: Owings, Md.
19. April 19 19 47 (Date rec'd by registrar) Grace L. Hutchins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 16 April 19 47, at 21 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 May 19 44, to 16 April 19 47
and that I last saw her alive on 16 April 19 47

Immediate cause of death	DURATION
Hypertinue Cardio Vascular Renal Disease	
Due to: arteriosclerosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Huntingtown Md. Date signed: 17 April 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

00825 176

Reg. Diat. No. .....

1. PLACE OF DEATH

County Calvert

City or town Port Republic

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert

City or town Port Republic

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war No

3.(a) FULL NAME Eloise A. Hance

3.(b) Social Security Number No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	W

6.(b) Name of husband or wife Thomas C. Hance

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 29, 1877

8. AGE: Years	Months	Days	If less than one day
69	10	25	..... hrs. ..... min.

9. Birthplace Calvert Co., Md (Town, county, and state)

10. Usual occupation Home

11. Industry or business

FATHER 12. Name Thomas W. Williams

FATHER 13. Birthplace Calvert Co., Md

MOTHER 14. Maiden name Eloise Cleland

MOTHER 15. Birthplace Calvert Co., Md

16. Informant Mrs. Alexander Somervell

Address Port Republic, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 26, 1947 (month) (day) (year)

Cemetery or crematory Christ Church

Location Port Republic, Md

18. Funeral director O. A. Hackness & Son

Address Mutual, Md

19. 4-25 1947 (Date rec'd by registrar) N. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr. 24, 1947, at 6:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Coronary Thrombosis	
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. A. Dillard M. D. M. D. or other

Address Prince Frederick, Md Date signed 4/24

VS A15 9-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for the change of age is shown on

00828 #128

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 50

FILM No. G 110 MAY 21 1947 **CERTIFICATE OF DEATH**

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: CALVERT

City or town: SUNDERLAND

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? LIFE TIME

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: MD. County: CALVERT

City or town: SUNDERLAND

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: ELIZABETH HAWKINS

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	MARRIED

6.(b) Name of husband or wife: JOSEPH F. MORSELL

6.(c) If alive, give age: 50? years

7. Birth date of deceased (mo., day, yr.): MAY 18, 1888

8. AGE: Years	Months	Days	If less than one day
58	11	20	...hrs. ...min.

9. Birthplace: MARYLAND (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER — 12. Name: ROBERT HAWKINS

FATHER — 13. Birthplace: CALVERT CO., MD.

MOTHER — 14. Maiden name: HANNAH ?

MOTHER — 15. Birthplace: CALVERT CO., MD.

16. Informant: JOSEPH LEROY MORSELL

Address: SUNDERLAND, MD.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: May 1/47 (month) (day) (year)

Cemetery or crematory: Lower Marlboro

Location: Lower Marlboro

18. Funeral director: Harry Hutchins

Address: Mt. Harmony

19. 4/29/47 (Date rec'd by registrar) H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: APRIL 28 1947, at 8:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1946, to April 23 1947

and that I last saw her alive on April 23 1947

Immediate cause of death	DURATION
Carcinoma of breast	
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: ...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: Page Dell, M.D. (M. D. or other)

Address: PRINCE FREDERICK, MD. Date signed: 4/29/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

Evidence for the change of age is shown on G 109 4/11/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

CERTIFICATE OF DEATH

00830/24

Reg. Diet. No. 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Calvert

City or town: Adelina

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(Per newborn infants give residence of mother)

State: maryland County: Calvert.

City or town: Adelina

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Lawrence Henson.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	C	X

6.(b) Name of husband or wife: Myrtle Henson

6.(c) If alive, give age: 49 years

7. Birth date of deceased (mo., day, yr.): July 7 1891

8. AGE: Years	Months	Days	If less than one day
55			hrs. min.

9. Birthplace: md. (Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

FATHER

12. Name: Henery Henson.

13. Birthplace: md

MOTHER

14. Maiden name: Rosia Curtis.

15. Birthplace: md.

16. Informant: Myrtle Henson.

Address: Adelina md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-4-47 (month) (day) (year)

Cemetery or crematory: Carroll's

Location: Calvert

18. Funeral director: P E Sewell

Address: Prince Frederick, md.

19. 4-3 1947 (Date rec'd by registrar) H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4-1-1947, at 4:25 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3- 1946, to 3-31 1947 and that I last saw him alive on 3-31 1947

Immediate cause of death	DURATION
Cardiac Failure	
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Page Sewell M. D. or other

Address: Prince Frederick, Md. Date signed: 4.3.47

1-35

Evidence for addition of usual residence of mother shown on: Birth & Death 00831

FILM No. G 1(APR 28 1947

MARYLAND STATE DEPARTMENT OF HEALTH (2002)

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 52

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Calvert

City or town Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:
Calvert Co. Hosp

Length of mother's stay in County 5 months
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Calvert

City or town North Beach
(If outside city or town limits, write RURAL and give nearest town)

Street No. ....
(If RURAL give LOCATION)

3. Name of child 1st Boy Humphreys

4. Date of birth April 16 1947 Hour 7 p.m. M.

5. Sex Male | 6. Twin or triplet Twin

7. No. of weeks pregnancy 23 weeks

FATHER OF CHILD

8. Full name Edward Owen Humphreys

9. Color W 10. Age at time of this birth 27 yrs.

11. Usual occupation Electrician

MOTHER OF CHILD Primipara

12. Full maiden name Louise J. Carder

13. Color W 14. Age at time of this birth 21 yrs.

15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? None
(b) How many other children were born alive but are now dead? No (c) How many other children were *born* dead? No.

17. Did child die before labor? No During labor? No

18. Pregnancy, complications of Died shortly after birth about 1 hour?

19. Labor: (a) Complications of None
(b) Induced?

20. (a) Was there an operation for delivery? No
(Yes or No)
(b) State all operations, if any
(c) Did child die before operation? No
During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes Multiple Pregnancy
(b) Maternal causes

22. I certify to the birth of this child who was born dead* on the date and hour above stated.
Signature Paul Dr
(Specify if M. D., midwife, or other)
Address Prince Frederick

23. (a) Burial (b) Date thereof 4 17 47
(Burial, cremation or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Harmony

24. (a) Funeral director W. H. Hutchins
(b) Address Owings, Md.

25. (a) April 16, 1947 (b) Grace L. Hutchins
(Date rec'd by registrar) (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
Health Officer, per

V. S. A10

* See Instruction C on stub.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15)

CERTIFICATE OF DEATH

60832

Reg. Dist. No. 5-2

5

1. PLACE OF DEATH:
County: Calvert
City or town: Rural, Ch. Beach
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
Ch. Beach
How long in hospital or institution? –

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Rural Ch. Beach
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Ch. Beach
(If rural, give LOCATION)
2.(a) If veteran, name war: –

3.(a) FULL NAME: Baby girl Hurley.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	B	single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 16, 1947

8. AGE: Years	Months	Days	If less than one day
			18 hrs. min.

9. Birthplace: Ch. Beach, Calvert Co., Md.
(Town, county, and state)

10. Usual occupation: –

11. Industry or business: –

FATHER
12. Name: C. Layle Hurley
13. Birthplace: Sunderland, Md.

MOTHER
14. Maiden name: Inez Brown
15. Birthplace: Willows, Md.

16. Informant: Charles Hurley
Address: Willows Md

17. (Burial, cremation, or removal, which?) Date thereof: April 18-47 (month) (day) (year)
Cemetery or crematory: St. Edmonds
Location: Chesapeake Beach, Md

18. Funeral director: Wilton Ward
Address: Chesapeake Beach, MD

19. 4-17 1947 Virgil P. Carpenter
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 17 April 1947, at 10 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 16 April 1947 to 17 April 1947 and that I last saw her alive on 16 April 1947

Immediate cause of death	DURATION
Premature Birth.	
Aged 18 hours. Cause of	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings at operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other
Address: Huntingtown Md. Date signed:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

00833 125

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
County Calvert
City or town Lusby
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Calvert
City or town Lusby
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Martha O Janey.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	X

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 7 1873

8. AGE: Years	Months	Days	If less than one day
74			..... hrs. ..... min.

9. Birthplace md (Town, county, and state)
10. Usual occupation Domestic
11. Industry or business

FATHER
12. Name John H. Johnson.
13. Birthplace md

MOTHER
14. Maiden name ?
15. Birthplace

16. Informant Annie Johnson.
Address Lusby md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-10-47 (month) (day) (year)
Cemetery or crematory White Hall
Location Calvert,

18. Funeral director C.E. Sewell
Address Prince Frederick,

19. 4-9 1947 (Date rec'd by registrar) W. W. Ware Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 4-7, 1947, at 9 50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 47 to April 7 19 47
and that I last saw h alive on 4/6 19 47

Immediate cause of death	DURATION
Coronary Artery Disease	
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Page Dell M. D. or other
Address Prince Frederick Date signed 4-9-47

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

04#1347

CERTIFICATE OF DEATH

Reg. Diat. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Calvert County Hospital

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Calvert

City or town: N. Beach

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Christopher C Kyle

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 1866

8. AGE: Years: 67 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: D.C. (Town, county, and stete)

10. Usual occupation: Retired

11. Industry or business

FATHER — 12. Name: James Kyle

FATHER — 13. Birthplace: Va

MOTHER — 14. Maiden name: Sarah Furnah

MOTHER — 15. Birthplace: Va

16. Informant: Bernard Kyle

Address: N. Beach Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Apr. 22, 1947 (month) (day) (year)

Cemetery or crematory: Mt. Olivet

Location: Bladensburg Rd NE Wash D.C.

18. Funeral director: Wm J Dalby

Address: 522 8th St. S.E. Wash. D.C.

19. 4/20 (Date rec'd by registrar) 19 47 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 20 April 1947, at 3:30 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1 May 1946 to 19 April 1947 and that I last saw h. alive on 19 April 1947

Immediate cause of death	DURATION
arterio-sclerotic heart disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: D J Wearmouth M. D. or other

Address: Huntingtown Md Date signed 20 April 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15